HOPI CREDIT ASSOCIATION

P.O. Box 1259, Keams Canyon, AZ 86034 (928) 738-2205/(928) 738-2280/Fax (928)738-5633

Applicant – white areas Co-Applicant – gray areas Primary applicant must be a member of the Hopi Tribe.

1	Name of Applicant (Last, First, Middle Initial)	Soc	Social Security Number		Hopi Tribal Enrollment No.:						
APPLICANT INFO.			Date of Birth								
IIVI O.	Name of Co-Applicant (Last, First, Middle Initial) Soc		cial Security Number	Hopi Triba	Hopi Tribal Enrollment No.:						
	Date of Birth			Not enrolled with Hopi Tribe							
	Home Mailing Address										
	Home Telephone Number										
	Physical Address (Directions must include St. Route No., Milepost No., and directions (N, S, E, W) to your home)										
	Name and Address of nearest relative not living w	Relation	Relation		Phone						
	Name and Address of nearest relative not living w	nme and Address of nearest relative not living with the co-applicant			Phone						
ALL I	L INCOME MUST BE VERIFIED WITH CHECKSTUBS, STATEMENTS, BOOKEEPING RECORDS, ETC. Applicant's current employer name and address Title										
INCOME	Business Telephone Number How long employed? (yrs/mos)			Monthly Net Pay							
INFO.		The winding employees (yis)	Tions employed: (yrs/mos)		monthly rect by						
Income from alimony, child support, or	Other Income (monthly/annual)/ Source /Livestock	Previous Employer/ How long employed /		Contract Employees () () 9/10 month employee 12 month employee							
maintenance payments need not be revealed, if you do not choose to	Co-Applicant's current employer name and address Title										
disclose such income in applying for credit. As a creditor, we may inquire whether	Business Telephone Number			Monthly Net Pay \$							
any income stated in an application is derived from such a source.	Other Income (monthly/annual)/ Source \$ /	Previous Employer/ How	Contract Employees () () 0/10 month employee 12 month employee								
3	If a "yes" answer is given to a question, expl		licant		plicant						
CDEDIT	Are you a party in a lawsuit that may result	YES	NO	YES	NO						
CREDIT	Have you ever had credit under another nar										
HISTORY	Are you a co-maker, co-signer or guaranto	loan									
	that is in your name?) State company, amou										

4	HOUSEHOLD EXPENSES		CREDIT OBLIGATIONS				
MONTHLY	EXPENSE	\$ Per Month	OPEN ACCOUNT	rs	\$ BALANCE	\$ MONTHLY	
EXPENSES	Rent (quarters, HUD, Apt.)	y i di ilidini	Charge Accounts, Credit Cards & (
2711 271025	Groceries/Household Supp./Toiletries		1.				
	Fuel (Propane)		2.				
	Electricity		3.				
	Phone		4.				
	Water		5.				
	Trash		6.				
	Satellite Programming/Cable		Auto Loans				
	Automobile Insurance		1.				
	Child Care		2.				
	Education (tuition, etc.)		Real Estate (Home/Mobile Home)				
	Property/Health/Life Insurance		1.				
	Alimony/Child Support		2.				
	Self Employment Supplies		Other/Additio	Other/Additional Liabilities (401K loans, TSP loans, etc)			
	Other Monthly Expenses, please list (hay,	, feed, etc.)	1.				
		, ,	2.				
			3.				
			4.				
	TOTAL HOUSEHOLD EXPENSES		TOTAL CREDIT	•			
		\$	OBLIGATIONS		\$	\$	
COLLATERAL INFORMATION NOTE: Home Construction & Mobile Home Loans will use home as collateral	approved. Collateral must equal the collateral can be items such as: • Personal Property (furniture, a traditional clothing, etc.) • Automobile (free of liens, proc.) • Home/Mobile Home (free of liens) • Farm/Ranching Equipment (how the control of the control of the control of the collaboration of	address, employment, or any other important financial changes immediately. Applicant also agrees that everything stated in this application is true and correct to the best of the applicant's knowledge and that the above information is a complete listing of all debts and obligations. Applicant also authorizes the HCA to obtain a credit report for credit update, renewal or extension of credit received. Applicant may request the name and address of the credit bureau from which a report was received. Applicants Signature Co-Applicants Signature					
		·		Date			